



State of Utah  
Department of Workforce Services  
**H.E.A.T Program/HELP/EAF Application**  
**(Home Energy Assistance Target)**

**OFFICE USE:** Date Received: \_\_\_\_\_ Application ID: \_\_\_\_\_

**One Person Household---HEAT Application**

**1. Applicant Information:**

Name: \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_ Gender: ☐ Male ☐ Female Birth Date: \_\_\_\_\_  
Day Month Year

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Have you applied for HEAT assistance before?** ..... ☐ Yes ☐ No  
If yes, Date: \_\_\_\_\_ Office: \_\_\_\_\_

**3. Ethnic background:** ☐ American Indian ☐ White ☐ Hispanic ☐ Black ☐ Asian  
☐ Pacific Islander ☐ Other: \_\_\_\_\_

**4. Are you:** US Citizen: ..... ☐ Yes ☐ No Age 60 or older: ..... ☐ Yes ☐ No  
Handicapped/Disabled: ☐ Yes ☐ No Receiving SNAP (Food Stamps): ..... ☐ Yes ☐ No

**5. Your dwelling is a (check one):** ☐ House ☐ Apt. (3 or more units) ☐ Duplex  
☐ Basement Apt. ☐ Mobile Home ☐ Small Trailer ☐ Boarding Room

**6. Do you rent or own your home?** \_\_\_\_\_ What is your primary heating source? \_\_\_\_\_

**7. Is your rent subsidized?** \_\_\_\_\_ How much is your monthly rent/mortgage payment? \$ \_\_\_\_\_

**8. Does your rent include utilities?** \_\_\_\_\_ Which utilities? \_\_\_\_\_

**9. Does anyone else live with you now?** ..... ☐ Yes ☐ No  
If yes, make an appointment with your local HEAT office (call 2-1-1 for the phone number).  
This application is for one-person households only.

**10. You must enclose copies of your most recent utility bills.** If you pay your utilities indirectly through your landlord, please make a HEAT appointment (call 2-1-1 for the phone number) or visit our web site to obtain the form at <http://jobs.utah.gov/housing/seal/applications.html>

My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%):

%	Name of Utility Vendor(s)	Utility Account Number(s)	Name on Account (If not applicant, provide explanation)

**11. Income (you must enclose documentation of income):** Enter the gross amount of income you received from each source **last month**.

Income documented is for the month of: \_\_\_\_\_.

Wages (Part time/Full time/Self emp.).....	\$ _____	Unemployment.....	\$ _____
Railroad Retirement.....	\$ _____	Supplemental Security Income (SSI).....	\$ _____
Veterans Benefits.....	\$ _____	General Assistance.....	\$ _____
Social Security.....	\$ _____	Income from Rental Property.....	\$ _____
Pension/Annuity/Retirement.....	\$ _____	Other: _____	\$ _____

**12. Deductions:** Did you make any payments to doctors, hospitals, or medical/dental clinics, pay for any health, dental, or vision insurance premiums, or pay for prescription medicines **LAST MONTH**? ..... ☐ Yes ☐ No  
If yes, you must include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed above.

Total Income: \$ \_\_\_\_\_ Total Deductions: \$ \_\_\_\_\_ Net Income: \$ \_\_\_\_\_

**I agree not to change the vendor or % to which my HEAT payment may go after this date.**

**DECLARATION:** By signing this application, I certify under penalty of perjury that the information I provided on this application is true, and that giving false information may require repayment of any funds received. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize SEAL program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied or not acted upon with reasonable promptness. I further understand that if Federal HEAT funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment.

I verify that, if eligible, I would like to receive Rocky Mountain Power's HELP discount program and Questar Gas's Energy Assistance Fund (EAF) credit. I will notify the State of Utah at 866-205-4357 if my situation changes and I am no longer eligible for the HELP discount and I understand that failure to do so may require me to pay the difference between any eligible and ineligible amounts.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**OFFICE USE:** Office Code: \_\_\_\_\_ Worker: \_\_\_\_\_ Editor: \_\_\_\_\_ Fuel Type \_\_\_\_\_  
☐ House Stand ☐ Apt. Stand ☐ Room/Board ☐ Actual amount \$ \_\_\_\_\_

**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.